

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087795

1. Entity Name

FIDELITY PROTECTIVE SERVICES, CORP.

Principal Place of Business

2000 SOUTH DIXIE HWY. SUITE 104 A
COCONUT GROVE FL 33133

Mailing Address

2000 SOUTH DIXIE HWY. SUITE 104 A
COCONUT GROVE FL 33133-2441

2. Principal Place of Business

3. Mailing Address

P.O. BOX 520904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL 33152

Zip

Country

Zip

Country

33152

DADE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELUNZA CORP.

2000 SOUTH DIXIE HWY, SUITE 104 A
COCONUT GROVE FL 33133

Name

ANGELA OSPINA

Street Address (P.O. Box Number is Not Acceptable)

2000 S. DIXIE HWY #104A

City

COCONUT GROVE

FL

Zip Code
33133

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Angela Ospina
Signature, typed or printed name of registered agent and title if applicable.

ANGELA OSPINA

(NOTE: Registered Agent signature required when reinstating)

01-18-2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **VELUNZA, BERT A**
STREET ADDRESS **2000 SOUTH DIXIE HWY, SUITE 104 A**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ANGELA OSPINA**
STREET ADDRESS **2000 S. DIXIE HIGHWAY #104A**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Angela Ospina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANGELA OSPINA

01-18-2000

Date

(305) 285-0101

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)